

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003141

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 316 Primary Registration District No. — Registrar's No. 38

FILED FEB 13 1963

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>FARMINGTON</u>		c. CITY OR TOWN <u>Lutesville</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>State Hosp. #4</u>		d. STREET ADDRESS (If outside, give location) <u>STAR Rt-4</u>	
Length of stay in 1b <u>18 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) <u>LILLIE E PATTON</u>			4. DATE OF DEATH Month <u>JAN.</u> Day <u>14</u> Year <u>1963</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>(W)</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 15, 1877</u>	9. AGE (last birthday) <u>85</u>	10. IF UNDER 1 YEAR Months <u>3</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>BOLLINGER Co. MO U.S.A.</u>	
13a. FATHER'S NAME <u>SAMUEL Rhodes</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN KIRKPATRICK</u>		14. NAME OF HUSBAND OR WIFE <u>ANDREW PATTON</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Mrs. Leland Kerns, St. Louis, MO</u>	
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
DUE TO (b) <u>Cerebral arteriosclerosis</u>		Unknown	
DUE TO (c) <u>Chronic brain syndrome with cerebral arteriosclerosis with psychotic reaction.</u>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic brain syndrome with cerebral arteriosclerosis with psychotic reaction.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u>					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	
				COUNTY	
				STATE	

21. I attended the deceased from <u>Dec. 27, 1962</u> to <u>Jan. 14, 1963</u> and last saw her alive on <u>Jan. 14, 1963</u>	
Death occurred at <u>2:55 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>J. L. Brennan, M.D.</u>		22b. ADDRESS <u>STATE Hosp. #4 FARMINGTON, MO.</u>		22c. DATE SIGNED <u>1-15-63</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BUXIAL</u>		23b. DATE <u>1-16-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>PLAINVIEW CEM.</u>	
				23d. LOCATION (City, town, or county) <u>LUTESVILLE MO Rt 2</u>	

24. FUNERAL DIRECTOR <u>Gene Ward, Lutesville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan. 15, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

0-EP

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Kenneth Liley

Licensed Embalmer No. 5016

P. O. Address

Litchfield, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.